

Forward Completed Form to:
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ESTATE PLANNING QUESTIONNAIRE

DATE: _____

FULL

Husband's Name: _____

SS# _____

Age: _____ Date of Birth: _____ Citizenship: _____

FULL

Wife's Name: _____

SS# _____

Age: _____ Date of Birth: _____ Citizenship: _____

Address: _____

Phone Nos.:

Home: _____

Husband Work: _____

Cell: _____

Wife Work: _____

Cell: _____

E-Mail:

Husband: _____

Wife: _____

Husband's Employer: _____

Wife's Employer: _____

Previous Marriages:

Husband _____

Wife _____

Children:

Name

Address

Birthdate

Age

Married

Children by Previous Marriages:

Name

Address

Birthdate

Age

Married

Deceased Children: _____

ESTATE EVALUATION

| Name of Husband | Name of Wife | | |
|--|----------------------------------|-------------|--------------|
| <u>Kind of Asset</u> | <u>Husband</u> | <u>Wife</u> | <u>Joint</u> |
| 1. Residence (Note: a deed held by "H & W" normally means each owns one-half.) | \$ _____ | \$ _____ | \$ _____ |
| 2. Other Real Property (include location by State) | \$ _____ | \$ _____ | \$ _____ |
| 3. Listed or Traded Securities | \$ _____ | \$ _____ | \$ _____ |
| 4. Closely Held and Untraded Securities | \$ _____ | \$ _____ | \$ _____ |
| 5. Partnership or Sole Proprietor Interests | \$ _____ | \$ _____ | \$ _____ |
| 6. Bank Accounts: | Husband, Wife or Joint? _____ | | |
| <u>Type of Account</u> | <u>Amounts</u> | | |
| (a) _____ | _____ | \$ _____ | _____ |
| (b) _____ | _____ | \$ _____ | _____ |
| (c) _____ | _____ | \$ _____ | _____ |
| 7. Car(s) | \$ _____ | \$ _____ | \$ _____ |
| 8. Other Personal Property | \$ _____ | \$ _____ | \$ _____ |
| 9. Cash Value of Life Ins. | \$ _____ | \$ _____ | \$ _____ |
| 10. Other (disregard pension and profit sharing but see B below) | \$ _____ | \$ _____ | \$ _____ |
| TOTAL GROSS ESTATE | \$ _____ | \$ _____ | \$ _____ |
| Less Debts and Mortgages | \$ _____ | \$ _____ | \$ _____ |
| TOTAL NET ESTATE | \$ _____ | \$ _____ | \$ _____ |

OTHER ASSETS

A. Life Insurance

| | <u>Owner</u> | <u>Insured</u> | <u>Company</u> |
|----|--------------|----------------|----------------|
| a. | _____ | _____ | _____ |
| b. | _____ | _____ | _____ |
| c. | _____ | _____ | _____ |
| d. | _____ | _____ | _____ |

| | <u>Face Amount</u> | <u>Primary Beneficiary</u> | <u>Secondary Beneficiary</u> | <u>Term or Whole Life</u> |
|------|--------------------|----------------------------|------------------------------|---------------------------|
| a.\$ | _____ | _____ | _____ | _____ |
| b.\$ | _____ | _____ | _____ | _____ |
| c.\$ | _____ | _____ | _____ | _____ |
| d.\$ | _____ | _____ | _____ | _____ |

B. 401K, Retirement, Deferred Compensation Plan

| | <u>Owner</u> | <u>Company/Plan Name</u> |
|----|--------------|--------------------------|
| a. | _____ | _____ |
| b. | _____ | _____ |
| c. | _____ | _____ |
| d. | _____ | _____ |

| | <u>Face Amount</u> | <u>Vested Amount</u> | <u>Primary Beneficiary</u> | <u>Secondary Beneficiary</u> |
|------|--------------------|----------------------|----------------------------|------------------------------|
| a.\$ | _____ | _____ | _____ | _____ |
| b.\$ | _____ | _____ | _____ | _____ |
| c.\$ | _____ | _____ | _____ | _____ |
| d.\$ | _____ | _____ | _____ | _____ |

QUESTIONS

If you and your spouse have different answers please note it
or prepare two separate questionnaires.

**PROVIDE NAME, ADDRESS & TELEPHONE NUMBER
FOR EACH PERSON YOU IDENTIFY IN THIS SECTION**

1. Do you have any preference for your funeral arrangements or where you wish to be placed to rest or will you let your executor decide?

2. Are you going to name your spouse as executor of your estate? If so, name two other people to act in if your spouse could not act. Do not pick two people to act at one time.

(1) _____

(2) _____

3. Will your entire estate pass to your surviving spouse upon your death? Yes / No. If not (or you do not have a spouse) what are the specific bequests you wish to make?

4. When both spouses are deceased (or at your death if you are unmarried), do you have an idea as to how you would like the balance of the estate distributed, in general terms?

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5. If you give any assets to someone under 18 (especially your own children) they should be placed in a Trust until the child reaches a certain age. (For example, 25, 30 and or 35). At what age would you like assets distributed? _____

Please provide the name, address and telephone number of one person to watch over the trust assets and provide a second person in the event the first person is unable to act

(1) _____

(2) _____

6. Do your children (or grandchildren) have any problems or handicaps which should be considered in devising your estate plan? Do you have the responsibility for supporting anyone other than your spouse and children?

7. Do you wish to make any gifts or contributions of property or money to any friends, relatives or charities?

8. If you, your spouse, and all of your descendants (children, grandchildren, etc.) were killed in a common disaster (plane crash, auto accident, etc.), whom would you want to have your property? (Have your spouse answer this question separately.)

9. If your spouse does not survive you or you and your spouse were to die at the same time, who will you name as guardian of the children? Please name only one person, preferably someone related by blood. _____

Who would you name second? _____

10. Power's Of Attorney (if applicable). You should name a person act as your agent for purposes of making financial and medical decisions. You would also want that same person to be named as the guardian of your person if at some point you were incapacitated? Who would you name as your financial and medical power of attorney?

Husband Wife

Financial Agents

First: _____

Second: _____

Third: _____

Financial Guardians

First: _____

Second: _____

Third: _____

Health Care Agents

First: _____

Second: _____

Third: _____

Health Care Guardians

First: _____

Second: _____

Third: _____

- 11. Do you or your spouse have a will, financial power of attorney, health care power of attorney, living will? If so, where are they and who has copies?**

NOTES:

